PREPARING FOR THE RESTART OF MEDICAL ASSISTANCE RENEWALS

Welcome! We will begin at 9am

For technical issues, please contact training@porticohealthnet.org

This webinar will not be recorded Slides will be shared after the webinar



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Context Setting



METS Renewal Process



MNsure

Supporting Consumers Moving to Qualified Health Plans



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Portico Healthnet

Calls to Action



Live Q&A





Advancing equitable access to health coverage for all Minnesotans



Where we were (pre-COVID-19)

Prior to the COVID-19 pandemic, people enrolled in Medical Assistance and MinnesotaCare had to renew their coverage every year.



Medical Assistance enrollees' renewal month was generally tied to the month they first applied for coverage



MinnesotaCare enrollees' renewals happened in late-fall to determine eligibility for the upcoming calendar year

Where we were (pre-COVID-19)

Prior to the COVID-19 pandemic, when people enrolled in Medical Assistance and MinnesotaCare reported changes to their processing agency, the changes were processed.

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Some changes caused an enrollee to move to a more generous form of coverage

For example, a decrease in income could move an enrollee from MinnesotaCare to Medical Assistance Some changes caused an enrollee to move to a less generous form of coverage or to lose coverage. These are referred to as "adverse changes."

For example, an increase in income could move an enrollee from Medical Assistance to MinnesotaCare

Where we were (COVID-19)

In April 2020, continuous coverage protections were put in place to allow most Medical Assistance and MinnesotaCare enrollees to maintain coverage

Medical Assistance and MinnesotaCare enrollees were not required to complete renewals

Renewals Suspended

Processing of <u>adverse</u> changes was suspended for Medical Assistance and MinnesotaCare

Processing Adverse Changes

Suspended



Where we are

- Enrollment in Medical Assistance and MinnesotaCare is at an all-time high with over 1.5 million people enrolled
- People enrolled in Medical Assistance and MinnesotaCare have not had to take action to maintain coverage since 2020



1 in 4 Minnesotans have coverage through Medical Assistance or MinnesotaCare



Where we are/Where we're going

Continuous coverage protections expired March 31, 2023

Renewals are Resuming

- Medical Assistance renewals will happen on a rolling basis over the next 12-14 months (not all at once!)
- MinnesotaCare renewals will resume in the fall (October-December)

Processing Adverse Changes Resuming for <u>Some</u> Enrollees

 Processing of adverse changes has resumed for certain Medical Assistance and MinnesotaCare enrollees



Where we're going

Historic number of Minnesotans will need to renew

Over 1.5 million people

Program complexity and lack of technology support

Unfamiliar process for everyone; Paper-based

People facing social and structural barriers more likely to lose coverage even when eligible

DHS estimates up to 175,000 people could lose coverage and later re-enroll

Who is at risk of losing coverage?

- DHS estimates up to 175,000 Minnesotans could lose coverage not because of eligibility but because of not completing the renewal process
- BIPOC Minnesotans, people with Limited
 English Proficiency and children are at higher risk of losing coverage



Source: 2021 Minnesota Health Access Survey

https://www.health.state.mn.us/data/economics/hasurvey/docs/mnha2021infogr aphic.pdf



Expectation Setting

- We don't have all the answers yet
- Renewals will resume over the next 14 months, and we will learn, adjust and improve as we go
- Our goal today is to share what we know now to help assisters prepare for Minnesota Health Care Programs Renewals for Families, Children and Adults (also called METS renewals)
- This training will not cover timelines and paperwork for Medical Assistance renewals for adults age 65+ and people who qualify on the basis of having a disability (also called Non-MAGI or MAXIS renewals)



METS Renewal Training for Brokers, Certified Application Counselors and Navigators

HCEO Training Team



Learning Objectives

- Common Acronyms
- Review the METS Renewal Timeline and Selection Process
- Understand the Auto Renewal (AR) and Need to Renew (NTR) Process
- Identifying Eligibility Notices
- Changes in Circumstances (CIC's)
- Resources
- Questions

This training **will** cover the renewals process for the Medical Assistance Families, Children and Adults and MinnesotaCare population that is determined in the METS system.

This training **will not** cover the renewals process for the Aged, Blind and Disabled population that is determined in the MAXIS system

Common Acronyms

- METS: Minnesota Eligibility Technology System
- MA: Medical Assistance (Medicaid)
- MCRE: MinnesotaCare
- **IA**: Insurance Assistance
- UQHP: Unassisted Qualified Health Plan
- FTI: Federal Tax Information
- PAI: Projected Annual Income
- HCCS: Health Care Consumer Support

Renewals Timeline



- Renewals will restart with July 2023 Medical Assistance (MA) enrollees
- A system generated Pre-Renewal Notice will be sent ahead of the actual renewal form
- Renewals are generated and mailed a minimum of 45 days before the renewal month
- Renewals are due 30 days from the date on the renewal notice
- Agencies will begin processing renewals as soon as they are received

Timeline Example

JULY 2023 RENEWAL



Timeline Example

AUGUST 2023 RENEWAL



Pre-Renewal Notice

DHS-8270-ENG 3-23

DEPARTMENT OF HUMAN SERVICES

Medical Assistance, MinnesotaCare and Minnesota Family Planning Program Notice

During the COVID-19 emergency, the Minnesota Department of Human Services (DHS) put special rules in place to help you keep your health care coverage. Due to a new federal law, we must now resume renewals. Regular Medical Assistance, MinnesotaCare and Minnesota Family Planning Program rules will now apply. Here is what you need to do.

Report changes to your contact information

Has your address, phone number or email address changed recently? If so, please report these to your county or tribal agency to make sure we can reach you.

Watch for your renewal

We must review your eligibility to see if you still qualify for coverage.

We will mail a renewal form to you. If you do not get this within the next 6-8 weeks, contact your county or tribal agency. Without your completed renewal form, your coverage cannot continue.

Save paper proofs

We will need proof of income for you and your family members. Please save current paystubs, income tax returns and other documents that show your income to send in with your renewal form.

Questions?

For more information, go online to https://mn.gov/dhs/renewmycoverage

If you have questions about this notice or your case, call your county or tribal agency. Please see the enclosed listing of agency phone numbers.

If you have general questions about Medical Assistance or MinnesotaCare, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

If you have general questions about Minnesota Family Planning Program, call 651-431-3480 or 888-702-9968.

If you have hearing or speech disabilities, contact us using your preferred telecommunication relay service.

- The <u>DHS-8270</u> will be mailed in English, but available in Hmong, Russian, Somali, Spanish and Vietnamese
- The DHS-8270 can be found and printed from <u>eDocs</u> (Searchable document library)

MA Renewal Selection Process – What Happens?

- Once a case is selected for renewal METS will send it to the federal hub.
 - All cases are sent to Social Security Admin (SSA), Equifax & Medicare
 - Cases with Federal Tax Information (FTI) consent (1-5 years to renew coverage) go to the Internal Revenue Service (IRS)



Renewal Important Information

 When a consumer receives the Blank Renewal form, it should be submitted to the agency listed on the Blank Renewal Cover Letter within 30 days

Processing Agencies

- **DHS Health Care Consumer Support (HCCS)**: will process all MA renewals for mixed households with MA and MinnesotaCare eligibility.
- **Counties and tribal agencies**: will process all MA renewals that are MA-only or a mixed household with MA/IA/UQHP.

Renewal Important Information, Cont.

 If a case completely closed before the consumer submits their renewal; they can reapply but they do have the option to submit the late renewal within the 4-month reconsideration period instead.

• **DO NOT** proactively complete renewals before a case has gone through the renewal selection process. The consumer can check their online account to see if their case has gone through renewal and if the renewal form is available.

Auto Renewal (AR) Process

4/26/2023



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Sample AR Notice

- Auto Renewal (AR) Notices are sent if METS is able to systematically renew coverage.
- This notice is a prepopulated form and will show the action of Auto Renewed on the first pages of the form.
- The Auto Renew Notice will be available to view via the consumer's online MNsure account

Service Agency Name
Service Agency Address Line 1
Service Agency Address Line 2
City, State Zip Code



Primary Client Name Client Address Line 1 Client Address Line 2 City, State Zip Code

Health Care Renewal Notice

You are getting this notice because it is time to renew coverage for members of your household. This notice tells you the status of your renewal. This notice is for the people listed below.

Health Care Results

Date & Time Printed Case Number: XXXXXXXXX

[Client Name]- MNsure ID Number: XXXXXXXXX

Effective Date	Action	Coverage Type
[First day of new certification period]	Auto Renewed	[Coverage Type]

[Client Name]'s coverage has been automatically renewed. [Client Name] qualifies for [Coverage Type] starting [First day of new certification period]. Please review the information summary included with this notice. We used this information to renew [Client Name]'s coverage. (Code of Federal Regulations, title 42, sections 435.916(a) and 600.340(e); Minnesota Statutes, sections 256B. 056, subdivision 7a, and 256L.05, subdivision 3a)

	Inf	rmation Sum	mary		
	IIII	Simation Sum	illaly		
This is the informat must tell us if any c updated informatio anything if all of thi	tion we have about yo of the information, inclu n to the return addres s information is correc	ur household. We uding the address s on this notice or t.	used this infor isted on the n contact your c	mation to rene otice, is not co ase worker. Yo	w your coverage. rrect. Send the ou do not need to
Household Inform	nation				
Name	Gender	Date of Birth	Marital Status	Pregnant?	Receiving coverage?
					-
Relationships					•
Name					
Residency	CV				
Name	Lives in Pla Minnesota 2 Mi	ans to make Vis	iting	Is home	Home

medical care or

personal

reasons?

same as

mailing

address?

home?

4 -of- 18

different from

mailing

address

Date & Time Printed

Case Number: XXXXXXXXX

Actions to take with AR Notice

- Consumers should review the ENTIRE notice for accuracy.
 - If all information on the form is correct, no action is required.
 - If any of the information is inaccurate, consumers must report any corrections or changes and return the form to the address listed on the first page of the notice within 30 days.
 - Incorrect information should be voided out, and new information should be written in.
 - Providing verification of the changes reported is not required, but it can help to speed up the processing time.

Need to Renew (NTR) Process

4/26/2023



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When does a consumer need to complete a Blank Renewal?

- When a case cannot be auto-renewed, the household will be required to complete a Need to Renew (NTR) Notice. The NTR is also known as the "Blank Renewal Form"
- <u>DHS-8262</u>: Blank Renewal Form can be found in <u>eDocs</u>
- In years prior to the Public Health Emergency, the MA and MinnesotaCare NTR forms were "pre-populated"
- In order to gather the most up to date information on ALL household members, DHS will be using the Blank Renewal forms to renew coverage throughout the unwinding period
- Depending on the situation, a household may be required to complete more than one renewal each year

Message on Renewal Envelope





- 1. Answer the questions on the included renewal form.
- 2. Sign and date the form.
- Mail, fax, or drop off your completed form by December 5, 2022 to your county or tribal servicing agency found above on the top left of this page.

Need to Renew (NTR) -Cover Letter Page 1

- Page 1 of the cover letter will have the DUE DATE the Blank Renewal form is due back to the processing agency
- Page 1 will also list the return address of the processing agency

IMPORTANT

 Be sure consumers are returning the form to the correct processing agency



NTR- Cover Letter Page 2

- Page 2 will provide consumers with the option to provide proofs
- Page 2 will also provide consumers with answers to commonly asked questions, as well as how to get additional help with understanding or completing the form

IMPORTANT

 Proofs provided must be COPIES. Consumers will not receive documentation back from the agency if they provide originals Write Your Case Number Here

Minnesota Health Care Programs Renewal For Families, Children and Adults

1a. Name, address and cont	tact informati	ion			
FIRST NAME	MI	LAST	NAME		
PHONE NUMBER where we can call you		то	HER PHONE NUM	BER where we ca	an call you
Ce		Vork		C	Cell O Home O Work
STREET ADDRESS	CITY		STATE	ZIP CODE	COUNTY
MAILING ADDRESS (if different)	CITY		STATE	ZIP CODE	COUNTY
1b. Contacting you by email	l or text mess	sage			
Can we send you updates and remi receive electronic notifications. DHS It is your responsibility to check with	nders about you 6 and MNsure an 9 your individual	r case in e not res carrier, a	the future? By a ponsible for any is standard mes	checking here / charges for e sage and data	, you consent to electronic notifications. a rates may apply.
May we contact you via email?	res – Email addr	ess:			□ No
May we contact you via text message	ge?				
Yes – which number should rece	ive texts?				No

Blank Renewal Page 1

- Page 1 should be completed with the Application Filer's information. The Application Filer is the person who signed/dated the paper DHS-6696 application, or submitted the online application
- The Application Filer can provide authorization to be contacted via email or text message to receive updates and reminders to their case. However, at this time, METS does not have the proper functionality for this method of contact

2. List all househo • Yourself • Your spouse • Your children under 19 • Your spouse's children	that live with	ers • Y • A • you you at live with you • A	our unmarried partner, i nyone you include on yo u nyone else under 19 tha	if you have children toget our tax return, even if that at you take care of and the	her : person does not live with at lives with you
First name	мі	Last name	Date of birth	Marital status (Married, Legally Separated, Divorced, Never Married, Widowed)	Relationship to you (Examples: Self, Spouse, Child, Step Child, not related)
3. Are you request adding a new hou Yes* – who?* Complete Appendix . agency or DHS Health Addresses form to ge	ting cove sehold m A for each a Care Con at the addre	rage for someone ember? new household mem sumer Support to ad iss and phone numb	e who does not o No ber or new applicar d a new person to y er for your servicing	currently have cov nt requesting coverag rour household. See t g agency.	rerage or are you le, or call your county he enclosed Agency
4. Is anyone pregr	mant?	No			
NAME OF HOUSEHOLD ME	MBER WHO	HAD THIS CHANGE	DUE DATE	HOW MANY E	BABIES ARE EXPECTED?
If you need more space,	, make copie	s of ths page or write th	e question number an	d answer on a separate	piece of paper.

Blank Renewal Page 2

 Page 2 requests information about household members, if anyone is requesting coverage &/or if a new household member needs to be added, and if anyone is pregnant

- ALL types of household members listed under question 2 must be added
- If an existing household member is requesting coverage, or if a new household member must be added, consumers must also complete the Appendix A: New Coverage Request that is included with the Blank Renewal form

2. List all househo Yourself Your spouse Your children under 19 Your spouse's children	that live with to under 19 that	• Y • A you you live ith you • A	our unmarried partner, i nyone you include on yo ou nyone else under 19 tha	if you have children togeth our tax return, even if that at you take care of and the	ner person does not live with at lives with you
First name	мі	ast name	Date of birth	Marital status (Married, Legally Separated, Divorced, Never Married, Widowed)	Relationship to you (Examples: Self, Spouse, Child, Step Child, not related)
3. Are you request adding a new hou ⊖Yes* – who?	ting cover sehold me	age for someon mt r?	e who does not o	currently have cov	verage or are you
Complete Appendix A agency or DHS Health Addresses form to ge	A for each n Care Cons t the addres	ew i pusehold men ume Support to ad s a phone numb	nber or new applican Id a new person to y er for your servicing	nt requesting coverag your household. See t g agency.	e, or call your county he enclosed Agency

Household Member Moved Out

 When a consumer reports that there has been a household member or members that have moved out, on Page 2 of the renewal form, the consumer can provide a written statement explaining who moved out and when

- Household members can only be removed when they are no longer living in the home and no longer have a tax relationship to ANY remaining household members
- Provide a separate written statement if unable to make a statement on the renewal form itself

5. Expected tax filing information Enter each household member's expected filing status for the taxes you file next year. If the person is not expecting to file taxes and will not be claimed as a dependent, enter the expected tax filing status as "Non-Filer." Will the person be Will the person claimed as a tax **Expected** tax If the person is a If the person is a be a tax dependent by a filing status tax filer, is the dependent, who dependent of person married will claim the someone outside noncustodial (Filer, Dependent, filing jointly? the household? parent? Name Non-Filer) person? Yes No O Yes O No Yes No Yes No Yes No Yes No Yes No O Yes O No Yes No Yes No Yes No Yes No Yes No Ves No Yes No Yes No O Yes O No Yes No 6. Income Does anyone have a job, work seasonally, have self-employment income or receive money from any other sources? Yes – Go to question 7. ONo. No one has income of any kind. – Go to question 13.

Blank Renewal Page 3

 Page 3 asks about Tax Filing information and if anyone has any income

- Tax Filing information must be completed for ALL household members
- Consumers can attach additional pages if needed

Current Job						
NAME						
EMPLOYER NAME: Write th	he employer name that a	appears on your paych	neck.	EMPLOYE	RIDENTIFIC	CATION NUMBER (EI
EMPLOYER STREET ADDRE	ESS		CITY		STATE	ZIP CODE
Wages and tips be	efore taxes: List t	the amount afte	r pretax payroll deducti	ions and befo	re taxes	. Pretax payrol
deductions may be	for a retiree plan	, health insuran	ce plan, childcare plan o	or a parking a	nd trans	portation
program. Choose o	one and fill in the o	dollar amount. I	f work hours and wages	vary, write th	ne total	wages expecte
for the next 12 mo	nths in the "Yearly	/" box.				3
Hourly	s	per hour	Hours per week:			
Weekly	s		5.50.63.53.50.50.5			
Every two weeks	s					
Twice a month	\$					
Monthly	s					
Monthly Yearly	\$ \$ \$					
Twice a month Monthly Yearly	\$ \$					
Twice a month Monthly Yearly Current Job NAME	\$ \$ \$					
Monthly Yearly Current Job	\$ \$ \$					
Twice a month Monthly Yearly Current Job NAME	\$\$ \$			ENDLOYE		
Monthly Yearly Current Job NAME	SSS	appears on your paych	neck.	EMPLOYER	RIDENTIFIC	CATION NUMBER (EI
Monthly Monthly Yearly Current Job NAME EMPLOYER NAME: Write th	ss	appears on your paych	reck.	EMPLOYE	RIDENTIFIC	CATION NUMBER (EI
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Monthly Yearly Current Job NAME EMPLOYER NAME: Write th EMPLOYER STREET ADDRE Wages and tips bo deductions may be	s s s s employer name that a css efore taxes: List t e for a retiree plan	appears on your paych the amount afte	r pretax payroll deducti ce plan, childcare plan	EMPLOYEI	R IDENTIFIC STATE	ATION NUMBER (EI
Monthly Yearly Current Job NAME EMPLOYER NAME: Write th EMPLOYER STREET ADDRE Wages and tips be deductions may be program. Choose of	s s s s efore taxes: List t efor a retiree plan one and fill in the e	appears on your paych the amount afte health insurand	r pretax payroll deducti f work hours and wages	EMPLOYEI ions and befo or a parking a s vary, write ti	RIDENTIFIC STATE re taxes nd trans	ZATION NUMBER (EI ZIP CODE . Pretax payrol sportation wages expecte
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Blank Renewal Page 4

• Page 4 asks about current job information.

- It is ESSENTIAL that consumers report current and accurate income
- Amounts listed should be the amounts received after any pre-tax deductions
- Consumers can attach additional pages if needed
- Proof of wage income can be current paystubs, employer statement, tax records

Seasonal Job					
NAME					
EMPLOYER NAME: Write the employer name that	t appears on your payched	:k.	EM	PLOYER IDE	NTIFICATION NUMBER (EIN
EMPLOYER STREET ADDRESS		CITY		STATE	ZIP CODE
TOTAL EXPECTED SEASONAL INCOME FOR THE M	NEXT 12 MONTHS	TOTAL EXPECTED UN	NEMPLOYMENT	FOR THE NE	XT 12 MONTHS
Seasonal Job					
NAME					
EMPLOYER NAME: Write the employer name that	t appears on your payched	k.	EM	PLOYER IDE	NTIFICATION NUMBER (EIN
EMPLOYER STREET ADDRESS		άτγ		STATE	ZIP CODE
TOTAL EXPECTED SEASONAL INCOME FOR THE N	NEXT 12 MONTHS	TOTAL EXPECTED UN	NEMPLOYMENT	FOR THE NE	XT 12 MONTHS
 Is anyone self-employed? Yes – fill in the information () DNo				
NAME OF SELF-EMPLOYED PERSON	TYPE OF BUS	INESS			BUSINESS START DATE
How much income or loss do you e Income amount \$	expect from self-en	ployment for the ne	ext 12 mont	hs?	
Self-employment					
NAME OF SELF-EMPLOYED PERSON	TYPE OF BUS	INESS			BUSINESS START DATE

Blank Renewal Page 5

 Page 5 asks about seasonal and selfemployment income

- It is ESSENTIAL that consumers report current and accurate income
- Consumers can attach additional pages if needed
- Proof of seasonal and selfemployment income can be tax records, business financial records, or a copy of the entire unemployment benefit report
| Did anyone ge
sources other t | t money this month or o
than work? | loes anyone expect to get money next month from | | |
|---|--|--|--|--|
| ○Yes – fill in the information. List the amount before taxes and deductions ○No
NOTE: Do not list child support, nontaxable veteran's payments, money from an Achieving a Better Life
Experience (ABLE) account, or Supplemental Security Income (SSI). | | | | |
| Include: | | | | |
| Alimony receiv | ved* | Social Security benefits** | | |
| Interest | | Unemployment | | |
| Net rental or re | oyalty income | Any other payments | | |
| Retirement or
taxable veteral | pension payment, including
n's pensions | 3 | | |
| * Do not list alim | ony received if your divorc | e decree or separation agreement is dated after 2018 | | |
| ** Social Security
Security Incon
both taxable a | / benefits include retiremer
ne (SSI) is not Social Securit
and nontaxable Social Secu | it, disability and Railroad Retirement benefits. Supplemental
y benefits. List the gross amount before any deductions. Inclu
rity benefits. | | |
| Other income | | The Francisco State of State | | |
| NAME | | | | |
| TYPE OF INCOME | | HOW OFTEN RECEIVED? | | |
| AMOUNT | IF INTEREST INCOME, HO | W MUCH OF THIS AMOUNT IS NOT TAXABLE? | | |
| \$ | \$ | \$ | | |
| Other taxable income | that is expected within the next | 12 months (Taxable income is income you would list on the Income section | | |
| of the IRS form 1040.) | | | | |
| TYPE | AMOUNT \$ | HOW OFTEN RECEIVED? | | |
| Other taxable income | this month | | | |
| | AMOUNT | | | |
| TYPE | AMOUNT 5 | HOW OFTEN RECEIVED? | | |
| TYPE
Other income | AMOUNT 3 | HOW OFTEN RECEIVED? | | |
| TYPE
Other income | | HOW OFTEN RECEIVED? | | |
| TYPE Other income NAME | AWOUNT3 | HOW OFTEN RECEIVED? | | |
| TYPE Other income NAME TYPE OF INCOME | AWOUNI 3 | HOW OFTEN RECEIVED? | | |
| TYPE Other income NAME TYPE OF INCOME AMOUNT | | HOW OFTEN RECEIVED? | | |
| TYPE Other income NAME TYPE OF INCOME AMOUNT \$ | ANNOUNT 3 IF INTEREST INCOME, HOI \$ | HOW OFTEN RECEIVED? | | |
| TYPE Other income NAME TYPE OF INCOME AMOUNT S Other taxable income of the IRS form 1040.) | IF INTEREST INCOME, HO
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that is expected within the next | HOW OFTEN RECEIVED? | | |
| TYPE Other income NAME TYPE OF INCOME AMOUNT \$ | IF INTEREST INCOME, HO
S | HOW OFTEN RECEIVED? | | |
| TYPE | IF INTEREST INCOME, HO
S | HOW OFTEN RECEIVED? | | |

 Page 6 asks about other income such as unearned income, Social Security (RSDI), retirement, rental income, etc.

- It is ESSENTIAL that consumers report current and accurate income
- Consumers can attach additional pages if needed
- Proof of other income can be award letters, copies of checks received, or statement from a bank/financial institution

11. Does anyone have adjustments to income?

○Yes – fill in the information ○No

If you pay for certain things that can be subtracted from gross income on a federal income tax return, telling us about them could lower the cost of your health coverage. For more information about these adjustments, see the instructions for Schedule 1 of the IRS 1040 federal tax return.

Include:

- Educators expenses (up to \$250)
- Certain business expenses of reservists, performing arts, and fee-basis government officials
- Health savings account deduction
- Moving expenses for active duty military members
- Deductible part of self-employment tax

- Self-employed SEP, SIMPLE and qualified plans
- Self-employed health insurance deduction
- · Penalty on early withdrawal of savings
- Alimony paid (Do not list alimony payments if the payments are based on a divorce or
- separation agreement dated after 2018.)
- IRA deduction
 Student loan interest

Name	Type of adjustment	Yearly amount
		s
		s
		\$
		s

Blank Renewal Page 7

 Page 7 asks about other taxable adjustments to income. These amounts can be found on a consumer's IRS tax form 1040

- It is ESSENTIAL that consumers report current and accurate income and adjustments
- Consumers can attach additional pages if needed
- Proof can be a recent copy of a consumers tax forms

12. List each household member and provide each member's projected annual income (PAI)

PAI is the total income that a person expects to have for the entire year, from January through December.

- A person's PAI includes all types of income the person would list on a federal 1040 tax return, plus nontaxable Social Security benefits, tax-exempt interest and foreign income.
- Include all of the income received from January through this month and from next month through December 31 of this
 year. If you have stopped working at a job, you can find the year-to-date (YTD) income on your last paycheck, or
 review your bank accounts and statements.
- Include any taxable lump sums you received during the year. Certain expenses can be subtracted from the total
 income for the year.
- · See question 12 for the types of expenses to subtract.

For each person listed in this section, enter the requested information in boxes A and B. To calculate the person's PAI in Box C, do the following:

1. Subtract the amount in B from box A. (A-B).

2. Enter the result from step 1 in box C.

*Enter Projected Annual Income for all household members even if they expect to have \$0 income.

Name	A. Expected income for 2023	B. Adjustments to Income for 2023	C. *Projected annual income for 2023
	\$	s	\$
	\$	S	\$
	\$	\$	\$
	\$	\$	\$
	\$	s	\$
	\$	\$	\$

Blank Renewal Page 8

- Page 8 asks about each person's Projected Annual Income (PAI)
- Instructions are included to calculate PAI

- EACH household member must provide their PAI amount, even if they expect \$0 income
- Consumers can attach additional pages if needed

13. Is anyon	check the type of co	er health coverage? overage and provide the information of the informa	tion ON	0		
Emple TRICA care c Privat Denta	oyer IRE (Do not check if or line of duty) te or other insuranc al	you have direct direct descent	licare ce Corps RA cription dru g-term-care nealth care	ug coveraç e (LTC) insi programs	ge urance	2
Policy						
POLICY HOLDER'S N	AME	POLICY HOLDER'S DATE OF BIRTH	INSURANC	E COMPANY N	AME	
START DATE	END DATE	GROUP NUMBER	NAME OF I	NSURANCE PO	LICY	
LIST EVERYONE THA	T IS COVERED BY THIS POL	ICY			POLICY	Y NUMBER
Policy					-	
POLICY HOLDER'S N	AME	POLICY HOLDER'S DATE OF BIRTH	INSURANC	RANCE COMPANY NAME		
START DATE	END DATE GROUP NUMBER		NAME OF INSURANCE POLICY			
14. Is anyon	T IS COVERED BY THIS POL	ot enrolled in, health covera	ge from a	job?	POLICY	Y NUMBER
Q Yes - f	fill in the informatio	n QNo		circor spo	EMI	PLOYEE DATE OF BIRTH
EMPLOYER NAME: W		EMPLOYE	RIDENT	FICATION NUMBER (EIN)		
EMPLOYER STREET A	ADDRESS	CITY	STATE	ZIP CODE		EMPLOYER PHONE NUMBER
Whom can we co required but you	ontact about employ u can provide it to ma	ee health coverage at this job? (this ke it easier for us to contact your er	information nployer)	n is not	PHO (if di	NE NUMBER fferent from above)
Were you offer three months? Note: Answer y expensive. Q Yes – fill in th	ed coverage throug ves if you could hav he information	gh a job for the current plan year e enrolled but did not, even if yc O No	r, or will you	u be eligib vant cover	le for rage o	coverage in the next r thought it was too

 Page 9 asks if anyone is currently ENROLLED in other health coverage or OFFERED health coverage from a job

- The consumer should provide a copy of the front and back of their health insurance ID card(s) if able
- Consumers can attach additional pages if needed

you are in a waiting or probationary period, when could coverage begin (MM/DD/YYYY)?
T THE NAMES OF ANYONE ELSE THAT IS ELIGIBLE FOR COVERAGE FROM THIS JOB.
ell us about the health plan offered by this employer for the employee only.
Animum value standard are plans that pay at least 60 percent of allowed costs and cover most inpatient hospital and hysician services to meet the "minimum value standard" (see Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986
oes the employer offer a health plan that meets the minimum value standard?*
) Yes – fill in the information 🛛 No
hat is the name of the lowest-cost plan offered only to the employee by the employer?
ow much would the employee pay in premiums for this plan if he or she received the maximum discount for n sing tobacco or any tobacco cessation program offered?
ow often? Oweekly OEvery two weeks OTwice a month OMonthly OQuarterly OYearly
hat change will the employer make for the new plan year (if known)?
Employer will not offer health coverage for the employee
] Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. (Premium should reflect discounts f not using tobacco and tobacco cessation programs.)
iow much would the employee have to pay in premiums for this plan? \$
low often? OWeekly OEvery two weeks OTwice a month OMonthly OQuarterly OYearly
vate of change
ell us about the health plan offered by this employer for family coverage.
dinimum value standard are plans that pay at least 60 percent of allowed costs and cover most inpatient hospital and hysician services to meet the "minimum value standard" (see Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986
oes the employer offer a health plan that meets the minimum value standard?*) Yes – fill in the information 🛛 💭 No
at is the name of the lowest-cost plan offered for family coverage by the employer?
ow much would the employee pay in premiums for this plan if he or she received the maximum discount for n sign to harco or any to harco cessation program offered?
ow often? Oweekly OEvery two weeks OTwice a month OMonthly OQuarterly OYearly
/hat change will the employer make for the new plan year (if known)?
Employer will not offer health coverage for spouse or dependents
Employer will start offering health coverage to employees' spouse or dependents or change the premium for the lowes cost plan available for family coverage that meets the minimum value standard. (Premium should reflect discounts for r
using tobacco and tobacco cessation programs.)
using tobacco and tobacco cessation programs.)

- Page 10 is a continuation of the employer offered insurance questions
- The questions asked about the coverage mimic the Appendix A: Health Coverage from Jobs that is attached to the DHS-6696 paper application

IMPORTANT

 Consumers can request help from their employer if needed to complete the additional questions

is anyone in jail or prison?	O Yes	If yes, wi	ho?	If in jail,	is the person av	waiting disposition of charges?
Does anyone need help paying for medical bills from the past three months?					O Yes O No	If yes, who?
Does anyone have a physical, mental or emotional health condition that limits their activities (bathing, dressing, or daily chores)?				O Yes O No	If yes, who?	
Is anyone blind or disabled?	1				O Yes O No	If yes, who?
Has anyone been determined disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)?					O Yes O No	If yes, who?
Is anyone receiving Supplemental Security Income (SSI)?					O Yes No	If yes, who?
Does anyone need help staying in their home or help paying for care in a long term care facility, such as a skilled nursing facility?				O Yes O No	If yes, who?	
Does anyone have ongoing medical bills?				QYes QNo	If yes, who?	
Is anyone getting services from Center for Victims of Torture?				O Yes O No	If yes, who?	
Is anyone temporarily outside of Minnesota for more than 30 days?				FT	EXPECTED RETURN DATE	
Has anyone returned from a military duty in the last 24 m	tour of actionths?		es If yes, who?	-	DATE	LAST ACTIVE TOUR OF DUTY ENDED

• Page 11 asks about additional questions for ALL household members

- Past coverage (RETRO) can be requested at renewal. However, a consumer may not qualify for RETRO depending on other eligibility or case factors.
- Answering the additional questions will play an important role when a renewal is processed
- If a person is not MA eligible under the FCA (Families, Children, and Adults bases), workers will complete a Non-MAGI referral based on how the questions were answered

Renewing Coverage in the Future

Each year, MNsure and DHS match data to verify and renew eligibility for help paying for health coverage. We need consent to use information from tax returns to verify and renew your financial assistance for coverage. If you do not give consent to use this information, your financial assistance cannot be verified during the year and renewed. You can change your consent at any time. If you do not check a box, **you are agreeing to the use of your information for 5 years.**

I agree to the use of tax return information to verify and renew my eligibility for help paying for health coverage for:

 O 5 years
 O 4 years
 O 3 years
 O 2 years
 O 1 year

 O Do not use information from tax returns to renew my eligibility for help paying for health coverage.
 Image: Coverage of the second secon

Blank Renewal Page 11, Cont.

 Page 11 also requests the Application Filer to submit their consent to the use of their information to renew future eligibility

- This consent does NOT guarantee that coverage will automatically renew in the future
- Consumers should stay aware of their renewal and change reporting requirements.
 - MA: Report within 10 days
 - MinnesotaCare: Report within 30 days

YOUR SIGNATURE	DATE
Ð	PHONE NUMBER
	DATE
	YOUR SIGNATURE

Blank Renewal Signature (Page 12)

 The signature page allows for a signature from the enrollee, a person who qualifies as an application filer OR an authorized representative

IMPORTANT

 Certified Assisters should not act as an authorized representative in their capacity as a broker, navigator or certified application counselor

Complete this section if you are out this application for somebo	a certified application counselor, navigator, in-pers dy else.	on assister, agent or broker filling
APPLICATION START DATE (MM/DD/YYYY)	NAME OF APPLICANT (First Name, Middle Name, Last Name, Suffix)	
NAME OF ASSISTER (First Name, Middle Init	 ial, Last Name, Suffix)	ASSISTER PHONE NUMBER

ASSISTER ID NUMBER

Blank Renewal Page 12

- Page 12 includes space to enter Certified Application Counselors, Navigators, In-Person Assisters, Agents and Brokers information
- Completing this section will add an assister's information as "case evidence" in METS. However, navigators must still complete the online case association form to be eligible for a per enrollee payment. Brokers must still have an assister portal association (or manual AOR) to establish themselves as the agent of record for the consumer

ORGANIZATION NAME

Additional Important Info

- Consumers should complete the renewal form with the most up to date and accurate information possible
- Even if the consumer says they have already reported this information to their servicing agency, they should still report it on the renewal form
- If there is not enough room to report ALL information on the renewal form itself, consumers can make a copy of the page that they need to provide more information about, or, provide a separate written statement including the question number and answer ALL questions pertaining to the specific question

Additional Need to Know Information – Blank Renewals

4/26/2023



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Blank Renewal Signatures

Electronic Signatures

 Must comply with Electronic Signatures in Global and National Commerce Act (ESIGN) AND submitted with a certificate of completion, audit record, or similar audit trail

OR

• Signature must show signor's intent to sign and be attached to the renewal form

AND

• Signature must identify the person who is signing

AND

 Signature must be received in a form that is tamper-proof and cannot be modified

Electronic Signature Examples

VALID electronic signatures include

- An image of a legible handwritten signature transmitted electronically via fax, email, or text message that is dated and includes an acceptable statement of intent
- A signature captured by a software product that complies with ESIGN and submitted with a completion certificate

Providing Proof of Income

- Providing proof of income with the renewal paperwork is not required, however it is highly encouraged. The consumer should not delay submitting the renewal paperwork because of difficulty obtaining proofs.
- When reviewing proofs, ensure the documentation matches the household's attestation.
- If proofs do not match attestation, ask the consumer to submit a written and signed statement explaining why the proof(s) do not match what they are reporting.
- The general rule of thumb is to provide the most recent proof available. Proof should be dated within the last 30-90 days. If providing tax forms, have the consumer provide their most recently filed Federal 1040 tax forms.

"Phone Renewal" Method

- The public facing <u>Renew my coverage</u> website will provide information to consumers on how to complete a renewal over the phone
- Workers can also offer this renewal option when they have the consumer on the phone
- If you are working with a consumer that is interested in completing a phone renewal, be sure to inform them that they will need to gather all the information needed prior to contacting their worker
- Workers will complete the renewal form with the consumer over the phone, as well as provide them with their Rights and Responsibilities



Non-MAGI Referrals

- Question 15 of the Blank Renewal asks additional questions relating to physical or mental health conditions, blindness or disabilities, long term care needs, or if they have ongoing medical bills
- If a consumer is no longer eligible for their MA basis in METS, workers will be required to review other potential eligibility types
- This is called a Non-MAGI referral

Non-MAGI Referrals, Cont.

 When assisting consumers with completing the Blank Renewal, take extra steps if the consumer answers YES to any of the disability, long term care, or ongoing medical bills question(s)

Steps to take

- 1. Assist the enrollee in completing the <u>DHS-6696A</u>: Supplement to MNsure Application for Health Care Coverage and Help Paying Costs
- 2. Assist the enrollee in completing the <u>DHS-7823</u>: Authorization to Obtain Financial Information from the Account Validation Service (AVS)
- 3. Include both forms and any proofs requested on the DHS-6696A that are easily obtainable and return with the completed Blank Renewal form

Submitting Renewal Paperwork

Renewal paperwork, including any proofs, can be submitted the following ways:

• Mail

- Fax
- Drop off at local servicing agency
- Online renewal document upload tool

NOTE: The Blank Renewal form will have an Attachment B: Agency Addresses contact information with the agency phone number(s), fax number, and physical/mailing address

Submitting Renewal Information Online



What do I need to do with this form?

- · Review and complete each section of the form that applies to you.
- Read the Notice of Privacy Practices and Notice of Rights and Responsibilities enclosed with this form. Do
 not return these pages. Keep them for your records.
- Sign and date the form.
- Attach proofs. Send copies of proofs. Do not send original documents.
- Mail, fax (be sure to fax front and back pages), or take the form and proofs to your servicing agency as soon as you have completed the form Visit https://mn.gov/dhs/renewmycoverage to find out about other ways you can submit your renewal.
 If you are enrolled in a health plan, your health plan can help you submit your renewal form.



Renewal notices will include a web address to the <u>Renew my Coverage</u> landing page on the first page of their renewal notice. This is the landing page consumers will need to navigate to if they want to submit their renewal form online.

Submitting the renewal paperwork online is not required, rather it is being provided as another option.

Submitting Renewal Information Online-Landing Page



From the landing page, consumers wanting to upload their HC renewal form will be provided a link/button which will directly navigate them to a specific renewal document upload process.

<u>Note</u>:

The wording and link being added to the landing page is still in progress. The name and location shown here are just to assist with visualization of how the process will work and is not an actual screenshot of the landing page.

Submitting Renewal Information Online -County or Tribal Nation Selection



After selecting the link from the landing page, the first page of the renewal document upload process with appear.

Consumers must select their county or White Earth Nation (if their case is being serviced there). This will determine which agency or Tribal Nation the uploaded documents will be routed to.

Submitting Renewal Information Online -Entering Identifying Information



The consumer will enter their identifying information. This information will be used to fill in information on the cover page attached to all uploaded documents.

NOTE: DHS has updated this screen and it will now also have the ability to add the household's 8 digit METS case number

Submitting Renewal Information Online -How to Upload Documents



Consumers will then be provided with instructions on the ways in which documents can be uploaded.

Documents can be uploaded by:

- Scanning and adding from a file on their computer
- Taking a picture of the document on their phone or tablet
- Taking screenshots of the pages they wish to upload from their phone or tablet

Submitting Renewal Information Online -Attach Documents



Consumers will next be navigated to the screen in which they will select the document(s) they wish to add to their upload. Instructional text is provided to inform the consumer of commonly requested documentation.

Note:

Consumers will be instructed to attach both their renewal form and any supporting documentation for their renewal to the same upload so that all attached documents come over as a single file.

Submitting Renewal Information Online -Submit Upload



Consumers can determine if they are ready to submit/upload the documents they have already attached and complete the upload process, or they can add additional documents before uploading.

Submitting Renewal Information Online -Confirmation



After consumers have submitted/uploaded all documents they have added, they will be provided with a confirmation number on their screen. This number is for the specific upload and can be used to reference or locate the specific upload. A new confirmation number will be provided any time a consumer submits new documents at a different time.

<u>Note</u>:

Consumers who provided an email address when entering their identifying information will be emailed a copy of this confirmation number.

Submitting Renewal Information Online -Additional Considerations

Mixed HH Cases (MA & MCRE):

DHS Health Care Consumer Support (HCCS) will be processing renewals for mixed households (households who have members on both MA and MCRE). At this time, there is no way to route documents to HCCS from within the document upload functionality when selecting which County or Tribal Nation their case is being managed by. If the renewal forms and supporting documents are received via the electronic upload process, counties and Tribal Nations will forward these files to HCCS for processing using their current forwarding process.

If the renewal should be sent to HCCS for processing, consider submitting the paperwork via fax or mail-in option instead.

Submitting Renewal Information Online -Additional Considerations, Cont.

Uploading Requested Documents For HC Renewal:

If at any time after a consumer has submitted their renewal form and they need to submit additional documents (due to a request for information by their worker), consumers will need to repeat the process by going to the <u>Renew my Coverage</u> landing page and use the link provided to be directly navigated to the renewal document upload flow in order to have the document(s) being uploaded correctly identified as a renewal file.

<u>Note</u>: Some desired features or wording may not be available when this functionality is first rolled out. New features/updates to increase consumer experience and worker management of these files will be added frequently.

How long does a consumer have to complete the renewal?

- The Blank Renewal cover letter will provide the date the renewal is due by
- After receiving their renewal notice, consumers should complete and return their renewal AS SOON AS POSSIBLE
- In the event there is a delay in processing renewals, DHS and processing agencies will be working on keeping consumers open until the renewal form can be processed
- Consumers will have a 4-month reconsideration period to complete and return their renewal and comply with all verification requirements as needed

4-Month Reconsideration Period

Case Example

Renewal month is July 2023 and the certification period ends 6/30/2023. 4 months from 6/30/2023 is 10/31/2023.

Agency Actions

Processing agencies can process a late renewal as long as the renewal form is received and complete, and all verifications as needed are received within the 4-month reconsideration period.

Consumer Actions

Consumers may need to contact their county/tribal agency to determine if they are still within this allotted time frame.

What happens after the 4-month reconsideration period?

- Consumers should contact their processing agency to see if their case has remained open if they are unsure
 - If the case is still open: consumers will need to request new coverage verbally or in writing. The agency may request required verifications as needed
 - If case is no longer open: consumers will need to re-apply via DHS-6696 paper application or via the online MNsure Application for Health Care Coverage and Help Paying Costs website.

Identifying Eligibility Notices



	Hea	Ith Care Notice			
ealth Care Results					
Client Name- MNsure ID N	umber: XXXXXXXXXXX	0			
Effective date	Action	Coverage Type			
 You qualify for Minneso income is within the lim 256L.07). 	More information is	s on the following pages. because your monthly or yearly household ize. (Minnesota Statutes, sections 256L.04 and			
 You do not qualify for the limit for your hour 	Medical Assistance b	ecause your household income is more than			
Minnesota Statutes, se	ctions 256B.056, subdiv	ision 1a and 4, and 256B.06, subdivision 5)			
ELIGIBILITY LAN	GUAGE IF NOT ELIGIBLI	E FOR MA, BUT ELIGIBLE FOR MINNESOTA CARE			
Client Name - MNsure ID N	lumber: XXXXXXXXXXX				
Effective date	Action	Coverage Type			
You qualify for Medical A	Assistance as a child age	2 through 18 starting 11/19/2018. (Code of			
Federal Regulations, title	e 42, sections 435.917 an	d 431.210).			

Standard Eligibility Notice

- The Standard Eligibility Notice (SEN) is generated from the METS system
- The notice includes the consumer's name, MNsure ID number, and eligibility information

		Health Care Notice
Health Care Result Household mem	ilts iber name	- MNsure ID Number: Select to enter ID
Effective date	Action	Program
	Approved	MinnesotaCare
	Closed	Medical Assistance
• You no lo starting the limit f and 435.	onger qualify for for your househc 913]	Medical Assistance as a basis of eligibility and your monthly household income is more than old size. [Code of Federal Regulations, title 42, sections 435.91

 For MinnesotaCare, coverage will begin the first day of the month after your initial premium is received. If you are not required to pay a premium, MinnesotaCare coverage will begin the first day of the month after the month you were approved. You will get an invoice if you must pay a premium. You will also get health plan information in the mail.

MA to MinnesotaCare Notice

- Example of MA closure with approval of MinnesotaCare
- The notice will provide the date the consumer is no longer eligible for MA, and when they become eligible for MinnesotaCare
- During the unwinding period, consumers who are approved for MinnesotaCare starting May 2023 will not be required to pay a premium.

MinnesotaCare premiums

• DHS will be issuing a bulletin with guidance on how MinnesotaCare premiums will be handled throughout the unwinding period.

Main Takeaways

- DHS has forgiven all unpaid MinnesotaCare premiums for all coverage received during the PHE.
- Workers will be able to see a case note in METS that will indicate if the person/household has had premiums forgiven.
- DHS will be waiving premium payment starting May 2023 through June 2024

	Health	h Care Notice			
lealth Care Results					
Ben Blue - MNsure ID	Number: 3670196669				
Effective date Action Coverage Type					
E/04/2022	Ammend	Qualified Liselik Dien with Advenced Dramium Tex			

05/01/2023	Approved	Qualified Health Plan with Advanced Premium Tax Credit/Cost-Sharing Reductions
05/01/2023	Does not qualify	Medical Assistance
04/10/2023	Does not qualify	MinnesotaCare

- You are eligible to purchase a qualified health plan (QHP) with advanced premium tax credit/ cost-sharing reductions through MNsure, but you must have a qualifying life event to be able to enroll in a QHP outside the annual open enrollment period. Visit mnsure.org for more information on qualifying life events.
- To enroll in a QHP or change plans with a special enrollment period, you must log in to your account on mnsure.org to report your qualifying life event and select a plan no later than 60 days after the date your event happened.

If you have questions about whether you have a life event that qualifies you for a special enrollment period, visit mnsure.org or call MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities).

- A QHP is a private insurance plan that is certified by MNsure, provides essential health benefits, follows established limits on cost-sharing (like deductibles, co-payments, and out-of-pocket maximum amounts), and meets other federal requirements.
- You do not qualify for Medical Assistance because your household income is more than the limit for your household size. (Code of Federal Regulations, title 42, section 435.603; Minnesota Statutes, sections 256B.056, subdivision 1a and 4, and 256B.06, subdivision 5)
- You do not qualify for MinnesotaCare because your household income is more than the limit for your household size. (Minnesota Statutes, section 256L.04, subdivisions 1 and 7)

MA to Insurance Assistance Notice

- Example of MA closure with approval of Insurance Assistance
- The notice will provide the date the consumer is no longer eligible for MA, and when they become eligible for a Qualified Health Plan as well as what they need to do to enroll and MNsure's phone number
- MNsure will share additional details about transitioning to a QHP in a later training
MA Closure for Failure to Renew Notice

	Health Car	e closing wouce
We sent you a renewal f information needed to pr one or more members o your case again. Health Care Results [Person Name] - MNsu	orm to complete and return rocess your renewal. For th f your household. If you so re ID Number: [MNsure II	n to us within 30 days. We did not get all the his reason, health care coverage is closing for end us the information we need, we will look at D Number]
Effective date	Action	Coverage Type
[Effective date]	[Action]	[Coverage Type]
[Person Name] no long [Person Name]'s covera of Federal Regulations, 256B.056, subdivision 7	er qualifies for [Coverage age will stop at the end of t title 42, sections 435.916(a a, and 256L.05, subdivisio	Type] because you did not complete a renewal. the day on [Last day of certification period]. (Code a) and 600.340(e); Minnesota Statutes, sections n 3a).

Changes in Circumstances (CIC's)



Protected Coverage Refresher

- Enrollees in the MA Protected Coverage Group have not yet had an annual MA renewal during the unwinding period and meet one of the following:
 - Applied before April 1, 2023 and were enrolled in MA during March 2023
 - Were determined eligible for MA based on a change in circumstance with an effective date before April 1, 2023 and were enrolled in MA during March 2023.
- NOTE: RETRO coverage is not included

Standard Eligibility Refresher

- A case is in the MA Standard Eligibility Group if:
 - All enrollees eligible for MA applied on or after April 1, 2023, even if retroactive MA eligibility was approved for March 2023 or earlier; and/or
 - All enrollees were determined eligible for MA based on a beneficial change in circumstance with an effective date on or after April 1, 2023, even if retroactive coverage is approved for March 2023 or earlier; and/or
 - Enrollees previously in the MA Protected Coverage Group have had their first annual MA renewal during the unwinding period.

MinnesotaCare Refresher

- MinnesotaCare enrollees whose cases include one or more household members in the MA Protected Coverage group during the unwinding will continue to also have COVID-19 continuous coverage policies in place.
 - No adverse actions taken on MCRE enrollees until MA renewal has been completed
 - MCRE coverage must be restored if closed improperly
- Effective April 1, 2023, MinnesotaCare cases who do not include households with MA Protected Coverage will no longer have continuous coverage policies in place.
 - Care must be taken to review and confirm all eligibility factors before a redetermination of eligibility can be taken on a MCRE case if the individual was eligible for MinnesotaCare on March 31, 2023.

Changes in Circumstances (CICs) - MA

- MA Protected Coverage Group
 - Adverse CICs cannot be processed
 - Exceptions include: not validly enrolled, no longer an MN resident, death, voluntary closure, undocumented pregnant women at the end of their postpartum period, lawfully present noncitizen pregnant women age 21+ at the end of their postpartum period and do not have an MA-qualified status, and lawfully present noncitizen children who are turning 21 and do not have an MA-qualified status
 - If adverse action is mistakenly processed coverage must be restored
- MA Standard Eligibility Group
 - All standard MA eligibility policies apply

Changes in Circumstances (CICs) - MCRE

For MCRE cases that do not include an MA enrollee in the Protected Coverage Group, processing of CICs will depend on if the individual:

- A. Is eligible for MCRE on or after April 1, 2023
- B. Is eligible for MCRE on March 31, 2023. Meaning they applied before April 1, 2023 and were eligible for MCRE during March 2023 or the individual was determined newly eligible for MCRE based on a CIC with an effective date before April 1, 2023 and was eligible for MCRE during March 2023.

Changes in Circumstances (CICs) – MCRE, Cont.

CICs for individuals eligible for MCRE on or after April 1, 2023

- Standard eligibility policies apply
 - CICs will be acted on when reported. Eligibility will be redetermined with the new information

CICs for individuals eligible for MCRE on March 31, 2023

- Standard eligibility policies apply HOWEVER:
 - If the CIC is reported before the MCRE renewal, all case information will be reviewed prior to the CIC being processed to ensure an accurate redetermination is completed

Changes in Circumstances Reminders

- Remind consumers to continue to report ALL changes to their county/tribal agency regardless if they have had a renewal or not
- It is ESPECIALLY important that consumers report changes to their mailing address and phone number(s) as soon as they occur



Resources

Contact Information

- County and Tribal Agency Contact Information: DHS-5207
- Health Care Consumer Support (HCCS):
 - Phone: 651-297-3862/800-657-3672
 - Fax: 651-431-7500
 - Mailing: DHS Health Care Consumer Support, P.O. Box 64252, St. Paul, MN 55164-0252
- MNsure: Phone 651-539-2099/855-366-7873

How can Counties/Tribes help?

- Counties and Tribes will have the ability to complete renewals over the phone
- Agencies must make good faith efforts to contact enrollees using more than one modality before coverage can be terminated for not completing the renewal requirements
 - Information is still forthcoming. These modalities may include contacting the consumer by mail, phone call, or phone messaging.

Something to consider: Counties and Tribes will be at max capacity processing renewals, changes in circumstances, and answering phone calls. Working together and gathering as much information and as quickly as possible will allow workers more time to focus on processing.

Public Facing Resources/Information

- <u>Renew my coverage / Minnesota Department of Human Services</u>
- <u>Public Facing Renewal Information Video</u>
- <u>Appeals / Minnesota Department of Human Services</u>

Recap

Main Goals as an Assister

- Assist the consumer with completing renewals
 - Ensure renewals are sent to the correct processing agency
 - Ensure renewals are completed and returned as quickly as possible
 - Ensure the renewal is fully completed and that the most accurate and up to date information is provided on the renewal form
- Remind consumers the importance of reporting changes. Most importantly changes in their mailing address and phone number(s)
- Utilize the public facing Renew my Coverage website for yourself as well as promoting consumers to do the same





Thank You!

HCEO Training Team



Supporting Consumers Moving to Qualified Health Plans

Christina Wessel, Senior Director of Partner Relations

Eligibility Notice for QHP – Page 1

[Mailing Date] Case Number: [XXXXXXXX]



[Primary's First and Last Name] [Primary's Street Address] [Primary's City] [Primary's State and Zip Code]

Health Care Notice

Don't risk a gap in your health insurance: Take action today to get coverage in [2023]

A household member's health insurance coverage through Medical Assistance or MinnesotaCare has ended, and they are now eligible to buy private health insurance – and may be eligible for financial help to lower the cost – through MNsure.

MNsure can help you make a smooth transition from Medical Assistance or MinnesotaCare to a private health plan, but you need to take action.

The loss of your Medical Assistance or MinnesotaCare coverage qualifies you for a special enrollment period to enroll in coverage through MNsure (Code of Federal Regulations, title 45, section 155.420).

To avoid a gap in coverage, you must select a plan by [MM/DD/YYYY] to get coverage that starts [MM/DD/YYYY].

Connect with free enrollment help and get new coverage today: mnsure.org/newcoverage



- A consumer receiving MA or MinnesotaCare coverage under the continuous coverage rules who loses that coverage when their renewal is processed will receive a manual QHP eligibility notice from MNsure.
- The notice explains their options to enroll in a QHP under a special enrollment period and the date by which to take action.
- It also includes a link and QR code to a webpage with additional information.



Eligibility Notice for QHP – Page 2

Can I get financial help to lower my costs?

There are two types of financial help available through MNsure:

- Advanced premium tax credits (APTC) lower the cost of your premium, which is the amount you pay the insurance company each month to get and stay covered.
- · Cost-sharing reductions (CSR) help lower your other costs, outside of monthly premiums.

The table below shows if your household is eligible for financial help.

Household Member(s):	Program:	APTC Amount:	CSR Eligibility:
 [Person A - First & Last Name] [Person B - First & Last Name] [Person C - First & Last Name] [Person D - First & Last Name] 	Qualified Health Plan [with/without] Advanced Premium Tax Credit/Cost-Sharing Reductions	\$[max APTC amount] per month [Or N/A if UQHP eligible]	[Yes or No]
 [Person E – First & Last Name] [Person F – First & Last Name] [Person G – First & Last Name] [Person H – First & Last Name] 	Qualified Health Plan [with/without] Advanced Premium Tax Credit/Cost-Sharing Reductions	\$[max APTC amount] per month [Or N/A if UQHP eligible]	[Yes or No]

 The second page of the notice will list all individuals in the household who are eligible to enroll in a QHP and list any advanced premium tax credits or costsharing reductions.



Eligibility Notice for QHP – Page 3

How do I enroll in a plan?

- 1. Sign in to your MNsure.org account and click 'Go to your account' under Current Customers.
- Click 'View Eligibility Results' and then click 'Enroll in Plans' to get to your enrollment dashboard.
- 3. Under Next Steps, click 'Confirm Event'.
- Select the 'Loss of Medical Assistance or MinnesotaCare' life event and enter the last day of your Medical Assistance or MinnesotaCare coverage. Your last day of coverage is [insert date].
- 5. Click 'Continue' and then click 'Confirm' if the information is correct.
- The Next Steps section on your enrollment dashboard will now include the 'Shop for Plans' button where you can enroll in a plan.
- 7. Pay your premium to your insurance company. Your coverage will not start until you complete this step.

Can I get help choosing a plan and enrolling?

Yes, you can get free enrollment help from a MNsure-certified assister in person, over the phone, or by virtual meeting. A navigator or broker can walk you through your options, and a broker can give you advice about picking a plan that's right for you. MNsure's online plan comparison tool can also help you choose a plan that meets your health care needs and your budget. Connect with free help today: mnsure.org/newcoverage

What if I have questions about this notice?

If you have any questions about this notice, call the MNsure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities). Consumers with hearing or speech disabilities may contact us via their preferred relay service.

If you do not want coverage through MNsure in 2023, you may disregard this notice.

- The third page of the notice will explain the steps for enrolling in a private plan using the special enrollment period.
- The notice will also let them know they can work with an assister for free help with enrolling.
- The notice will NOT be available in the consumer's online account – it will only be mailed to the consumer.



Eligibility Notice for QHP – Envelope

- The notice will be mailed in a special envelope with red lettering to call attention to the importance of the mail piece.
- Assisters can inform clients to be sure to open any envelopes marked in this way.

PO Box 64253 St. Paul, MN 55164-0253		PRESORTED FIRST-CLASS MAIL U.S. POSTAGE PAID TWIN CITIES, MN PERMIT # 171
IMPORTANT: Don't risk a gap in cov	erage	



Special Enrollment Period Overview

- A special enrollment period (SEP) allows consumers to enroll or make changes to private coverage outside of the annual open enrollment period. Consumers qualify for a SEP if they experience certain life events.
- Losing Medical Assistance (MA) or MinnesotaCare coverage (loss of minimum essential coverage) is a life event that qualifies for a SEP.
- Remember that voluntary loss of coverage does NOT qualify for a SEP.
 - A consumer who requests to have their MA or MinnesotaCare coverage closed prior to their eligibility being determined through the processing of their continuous coverage unwinding renewal, does not qualify for a loss of minimum essential coverage SEP and can't enroll unless they experience another qualifying life event (or it is during MNsure's annual open enrollment period).



New Special Enrollment Period

- MNsure is offering a new continuous coverage unwinding (CCU) SEP for anyone who is losing MA or MinnesotaCare coverage that was under the continuous coverage rules. This SEP is for:
 - Enrollees in the "MA Protected Coverage Group"
 - MinnesotaCare enrollees who were eligible with continuous coverage prior to April 1 (including households that do not have a member in the MA protected coverage group).
- Consumers eligible for this SEP:
 - Have a 90-day SEP window (instead of standard 60 days) before and after the last day of MA or MinnesotaCare coverage.
 - Coverage will start first day of the month following the date they select a plan.
 - To promote continuity of coverage during this unprecedented time, consumers will have the option of a retro-effective date back to the first of the month after the loss of MA/MinnesotaCare coverage. To qualify for retroactive coverage, they must select a plan during the first 60 days of the SEP.



Special Enrollment Period Scenario

- An individual was in the MA protected coverage group with a July renewal month. Their renewal is processed in June and their last day of MA coverage is June 30. They are determined eligible to enroll in a QHP.
- The individual can select a plan prior to their coverage ending on June 30 – their SEP window begins 90 days before the last day of MA or MinnesotaCare coverage.
- The individual also has until September 28 (90 days after the last day of MA or MinnesotaCare coverage) to select a plan.



Special Enrollment Period Examples

- If the individual selects a plan on or before August 29 (within 60 days) they have the option of a retroactive start date. Examples:
 - If they select on a plan on July 8, they have the option of coverage starting retroactive to July 1 or coverage starting August 1.
 - If they select a plan on August 20, they have the option of coverage starting retroactive to July 1 or coverage starting September 1.
- If the individual selects a plan on or after August 30, coverage will start the 1st day of the month following plan selection. Examples:
 - If they select a plan on August 31, coverage would start September 1.
 - If they select a plan on September 15, coverage would start on October 1.



 To enroll online, consumers will log into their MNsure.org account and click on 'Go to your account' under Current Customers.

Cu	irrent Customers	
•	Go to your account Check enrollment status or eligibility results	

Select the 'View Current Year Eligibility Results' link





• Then click on 'Enroll in Plans' to get to the enrollment dashboard.

Your Health Care Results	
nsurance Assistance - ③	
solomon, wilson and miany quality for mancial assistance to buy a nearth plan through winsure.	Enroll in Plans

In the Next Steps section, select the 'Confirm Event' button.

NEXT STEPS		
We have processed your application. Click the 'CONFIRM EVENT' button below to continu	ue.	
	\square	CONFIRM EVENT



- Select the 'Loss of Medical Assistance or MinnesotaCare' life event and enter the last day of the MA or MinnesotaCare coverage from the consumer's notice.
- Check the box for the attestation and select 'Continue'.

ualifying Life Event *	Select	~	mm/dd/yyyy	#
 I have provided true answers to intentionally provide false inforr Back to Dashboard 	Select Adoption, foster care or court order Became a member of a federally recognized tribe Birth Gain of eligible immigration status Loss of employer sponsored coverage Loss of Medical Assistance or MinnesotaCare Loss of other health, are coverage Marriage Moved to Minnesota Release from incarceration Residential address change	t	to penalties under fed	Continu



Select 'Confirm' in the pop-up window if the information is correct.



 The Next Steps section on the enrollment dashboard will include the 'Shop for Plans' button where they can select a plan.





- During the first 60 days of the SEP after their last day of MA or MinnesotaCare coverage, the consumer will have the option to select a retroactive or prospective QHP coverage effective date.
- Coverage will not start until the consumer has paid the first month's premium.





MNsure Communications & Outreach

- MNsure estimates that more than 100,000 Minnesotans may be QHP-eligible after their public program renewal is processed.
- Some will not be eligible for tax credits or cost-sharing reductions due to eligibility barriers such as access to affordable employersponsored insurance.
- MNsure's goals are to reduce gaps in coverage, conduct direct outreach to newly QHP-eligible consumers and inform target audience about coverage options.
 - Messaging will focus on potential for financial assistance, comprehensive coverage options and free help from certified assisters.
 - Communications tactics will include direct mail, texting/email, paid ads, and social media



Partnering with Assisters

- Communications: Will provide social media toolkits for assisters
- Direct outreach: If a consumer's eligibility changes to QHP, MNsure will notify brokers and navigators with an assister portal association so you can follow-up with the client.
- Partner with each other and capitalize on expertise:
 - Navigators are MNsure-certified experts working in community-based organizations; many are multi-lingual. They specialize in helping with public program applications and renewals and have access to the Assister Resource Center for support with public program enrollees.
 - Brokers are insurance professionals licensed by the state and certified by MNsure. They can provide the full range of support to QHP-eligible consumers, including advising on plan selection. And as the agent of record, they can support the consumer throughout the plan year if they have any issues with their health insurance company.
 - Find each other through MNsure's online Assister Directory.



Assister Support

- The Assister Resource Center (ARC) and Broker Service Line (BSL) will continue to support MNsure's navigators, CAC and broker community following current policies:
 - <u>Assister Resource Center Service Policy</u> is available on Navigator One Stop
 - Broker Service Line Policy is available on Broker One Stop
- Remember, the BSL is unable to assist brokers with questions regarding Medical Assistance, MinnesotaCare or information about county or DHS procedures.



Assister Support – Renewal Questions

- Request a consumer's username or reset their password
 - Both the ARC and BSL can assist, but we recommend having the consumer call the MNsure Contact Center for more efficient service.
 - Remember, only one password reset can be done per phone call.
- Look up the consumer's MNsure case number
 - Both the ARC and BSL can assist, but this information is not required for submitting a renewal. Please limit requests to situations where the consumer requires this information.
- Check a consumer's renewal month
 - Due to the unsustainable volume if these requests are directed to the ARC and BSL, we recommend checking the consumer's notifications in METS to see if they have received a renewal notice.
 - Limit requests to the ARC and BSL to situations where a consumer has no online account. Note that staff will only be able to confirm if the consumer is currently in renewal status, not provide a future renewal month.



Assister Support – Renewal Questions

- Select a plan for a consumer who does not have an online account
 - Both the ARC and BSL can assist with this process. Navigators and CACs must have the consumer present if calling to take any action on a case.
- Consumer can't find renewal documentation
 - The ARC and BSL cannot provide copies of notices to consumers or assisters.
 - Check the consumer's METS account for the renewal notice.
 - Download the blank renewal form (DHS-8262) from <u>eDocs</u>.
 - Check the consumer's enrollment dashboard for QHP eligibility assisters with an assister portal association can do this on behalf of a consumer.
- Report a change for a QHP-eligible individual in a mixed household
 - Assisters can continue to follow <u>current processes for reporting</u> to MNsure changes online or over the phone for a QHP-eligible individual.





CALLS TO ACTION FOR CONSUMERS AND ASSISTERS

Calls to Action

- Completing renewals is a multi-step process that will happen each month for the next 14 months
- Calls to action will vary depending on what phase of the renewal process an enrollee is in


Consumer doesn't know when they need to renew

- Renewal look-up tool should be available on <u>DHS</u> <u>Renew My Coverage</u> site in May
- □ Call county or tribal agency to ask when renewal is due
- If enrolled in a managed health plan, call health plan to ask when renewal is due
- If consumer has an online MNsure account, log in to check:
 - Consumer's address: If the address is correct in online account, consumer could watch their mail for their renewal. If not, update address with processing agency.
 - Notices: Check to see if there is a renewal notice in the online MNsure account and respond accordingly.



Consumer has received their Pre-Renewal notice

- Remind consumer to update their contact info with their processing agency, watch their mail for renewal paperwork, and gather verifications
- Could offer to schedule appointment for assistance ahead of time
 - Appointment timing might be difficult to predict as the Pre-Renewal Notices are not dated
 - Could also ask consumer to call back to schedule an appointment when they receive their renewal paperwork



Sample Appointment Timing Guide

For Consumers who receive DHS-8270 Pre-Renewal Notice or DHS-8262 Minnesota Health Care Programs Renewal for Families, Children and Adults

Month Pre-Renewal Notice Received	Renewal Month	Schedule Appointment for Assistance
March	July	May (ideally renewal is returned by June 3)
April	August	June (ideally renewal is returned by July 8)
May	September	July (ideally renewal is returned by Aug 6)
June	October	August (ideally renewal is returned by early Sept)

Shared by Portico Training Institute as an optional guide for planning appointment timing

Consumer has received Auto Renewal Notice

- Consumer has received their Health Care Renewal Notice showing 'Auto Renewed' in the action field
- Review the entire Auto Renewal notice
- If any of the information on the notice is incorrect, update the information on the notice, attach verifications and return to the processing agency listed on the notice within 30 days
 - Could offer to schedule appointment for assistance completing and submitting the form
 - Navigators not eligible for per-enrollee payment for assisting with updating information on Auto Renewal notices unless a new household member is being added to coverage



Consumer has received Need to Renew Notice

- Consumer has received their DHS-8262 Minnesota Health Care Programs Renewal for Families, Children and Adults
 - Complete renewal paperwork, attach verifications, and submit to processing agency as soon as possible to avoid a gap in coverage
 - Offer to schedule appointment for assistance as soon as possible
 - Goal is to submit renewal paperwork with all needed verifications, but don't delay submitting renewal if verifications cannot be easily obtained. Verifications can be submitted at a later date.
 - Navigators: Complete online Case Association form in addition to renewal paperwork for per-enrollee payment

Consumer needs to renew and doesn't have paperwork

- Consumer needs to renew, but they don't have their renewal paperwork
 - Complete renewal paperwork, attach verifications, and submit to processing agency as soon as possible to avoid a gap in coverage
 - Offer to schedule appointment for assistance as soon as possible
 - Navigators: Complete online Case Association form in addition to renewal paperwork for per-enrollee payment
- □ How to access renewal paperwork?
 - DHS-8262 Minnesota Health Care Programs Renewal for Families, Children and Adults fillable PDF available through eDocs website
 - Coversheet and renewal paperwork in consumer's online MNsure account (will not be fillable)
 - Consumer could complete a renewal over the phone. Information will be available through <u>DHS Renew my coverage</u> website



Consumer's Coverage Has Ended Due to Not Completing Renewal

- Consumer can still submit their renewal within four months of their closure date
 - May require calling processing agency to determine coverage end date
- If the consumer's case is closed, the consumer can submit a new MNsure application (online or using paper MNsure application DHS-6696)
 - May require calling processing agency to determine if case is closed
 - Online application may lead to faster processing than submitting renewal



Its not time for the consumer to renew yet

- Remind consumer to update their contact info with their processing agency
- Do not proactively submit a renewal before a case has gone through the renewal selection process



No longer eligible

- Consumer is confident that they will no longer be eligible for Medical Assistance or MinnesotaCare and they wonder how to proceed with their renewal
 - The safest route is to complete the renewal so their eligibility can be determined. It's possible the consumer may continue to be eligible for some level of assistance.
 - Remember that a voluntary loss of coverage, like requesting to have Medical Assistance or MinnesotaCare coverage closed, does NOT qualify for a Special Enrollment Period.



- At Portico, our approach to renewal workflow planning includes:
 - Structure length of appointment same as a new paper application appointment
 - Utilize similar workflows as paper application assistance
 - Help consumers prepare for and follow-up from their appointments with 'What to bring to your appointment' and 'After your appointment' reminders in their primary language



- At Portico, our approach to renewal workflow planning includes:
 - Ensuring we submit renewals and verifications to the appropriate processing agency
 - If all renewing members are enrolled in Medical Assistance, renewals should be submitted to county or tribal agency
 - For mixed-households (Medical Assistance and MinnesotaCare enrollees) renewals should be submitted to DHS Health Care Consumer Support



- At Portico, our approach to renewal workflow planning includes:
 - Ensuring we submit renewals and verifications to the appropriate processing agency (continued)
 - Viewing return address on consumer's cover letter
 - Viewing consumer's cover letter through their online MNsure account



- At Portico, our approach to renewal workflow planning includes:
 - Ensuring we submit a signed DHS-3549 General Consent/Authorization for Release of Information with each renewal we submit
 - This is not a required form, but can be helpful when following up with processing agencies



- At Portico, our approach to renewal workflow planning includes the following considerations:
 - Relying on mail isn't sufficient for many of the consumers we serve due to language barriers and out-of-date contact information. Portico will:
 - Conduct proactive outreach to consumers we have assisted in the past based on application and enrollment date
 - Incorporate renewal assessments in consumer interactions
 - How to respond quickly when there is a gap in coverage
 - We will pay close attention to guidance on how to submit a new application after a coverage lapse occurs. Our preference will be to submit online applications, when possible, to ensure timely reenrollment.



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Thank you!

